Name in Full Certificate of Death

Mrs Carrie Chandler

Died at Town Nanjemoy County Chas. MARYLAND

Date 1898 Month Nov Day 23 | Age Y. 60 M. D. | Native of Md | Occupation -

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Hu~~sband~~ of

Wife /

Father's Name Wm Colbey

Mother's Name Cath. E. Gray

Cause of Death

Primary Typhoid Pneumonia | How long sick 13 days

Immediate Diseased Heart Complication Accident, Suicide, Homicide

Reported by S. H. Speake

Address Nanjemoy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full George Coombs Certificate of Death

Died at Town Rock Point County Charles Co. MARYLAND

Date 189 8 Month Nov. Day

Age Y. M. D.

Native of

Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 1529

Cause of Death Primary Accidentally killed

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Banner of Liberty Libertytown

Address

12-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Matthew Hawerelo

Certificate of Death

Died at Town Nanjemoy County Chas. MARYLAND

Date 1898 Month Nov Day 26 | Age Y. 63 M. D. | Native of Md | Occupation Farmer

Male | White | ~~Marrie~~d | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 5

Husband of Wife

Father's Name — | Mother's Name —

Cause of Death Primary Tuberculosis 22a | How long sick about 2 years

Immediate | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by S. H. Speake

Address

Must be signed by physician, if any in attendance, otherwise by [illegible], undertaker or minister.

Name in Full Esther Millard

Certificate of Death

Died at Town Mason Spring County Charles MARYLAND

Date 189 8 Month Nov. Day 20

Age Y. M. 3 D.

Native of Charles

Occupation —

~~Male~~ Female

White ~~Colored~~

Married Single

Widow Widower

Divorced Number of children living

Husband of Wife —

Father's Name Everett Millard

Mother's Name Annie

Cause of Death Primary Scarlet Fever 6

Immediate Nephritis

How long sick 10 days.

~~Accident, Suicide, Homicide~~

Reported by J. W. Mitchell

Address Pomonkey Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Charlotte Wade

Certificate of Death

Died at Town Hughesville County Charles MARYLAND

Date 1898 Month Nov Day 17

Age Y. 90 M. D.

Native of

Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Insanity 46

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. E. Foy, Undertaker

Address Hughesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Also physician.

Name in Full Roy Washington

Certificate of Death

Died at 6th Dist Town County Charles MARYLAND

Date 189 8 Month Nov. Day 1st Age Y. 8 M. D. Native of Md. Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children living~~ —

Husband / Wife of —

Father's Name Anthony Washington Mother's Name Mary Young

Cause of Death Primary Meningitis 39a How long sick 1 or 2 days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by A. R. C. Fowler M.D.

Address Accokeek P. G. Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55569

Name in Full Certificate of Death

Francis Ward

Died at Town Allens Fresh County Charles MARYLAND

Date 1898 Month Nov Day 12 Age Y. 1 M. 7 D. x Native of Charles ~~Occu~~pation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife &c

Father's Name J. H. Ward Mother's Name Margret C Ward

Cause of Death { Primary Conv. (Bronch Pneumon) How long sick

Immediate Asphyxiation Accident Suicide Homicide

Reported by Spencer M.D.

Address Bel Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.